



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response
Sherry Adams, R.N., C.P.M, Director
Isaac P. Ajit, M.D., M.P.H., Deputy Director

September 3, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:35

Reporting for the week ending 08/30/08 (MMWR Week #35)

CURRENT HOMELAND SECURITY THREAT LEVELS

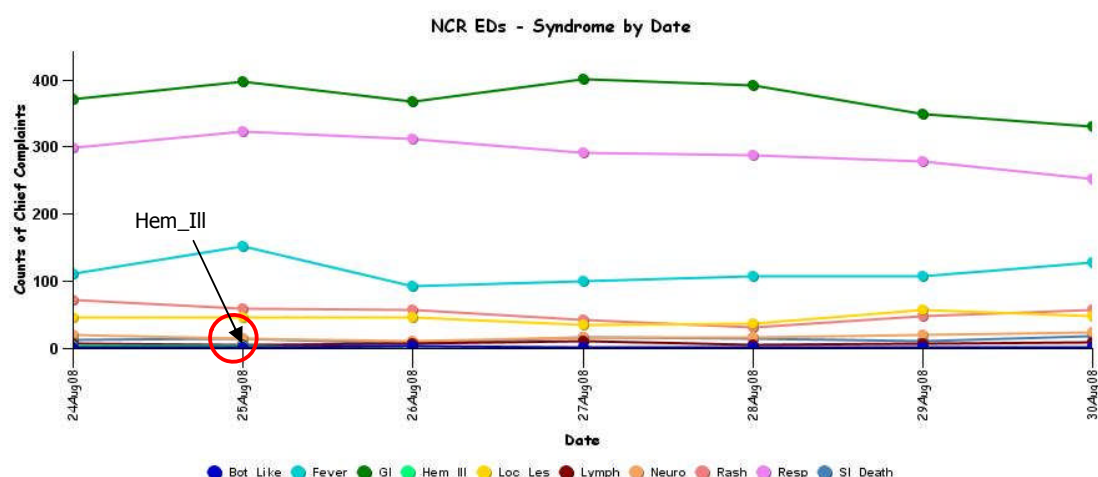
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

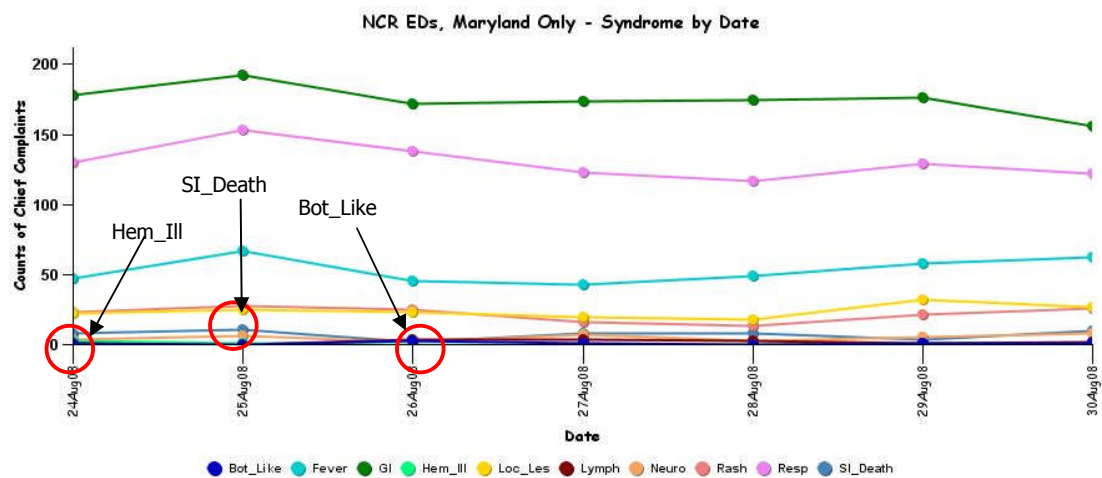
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

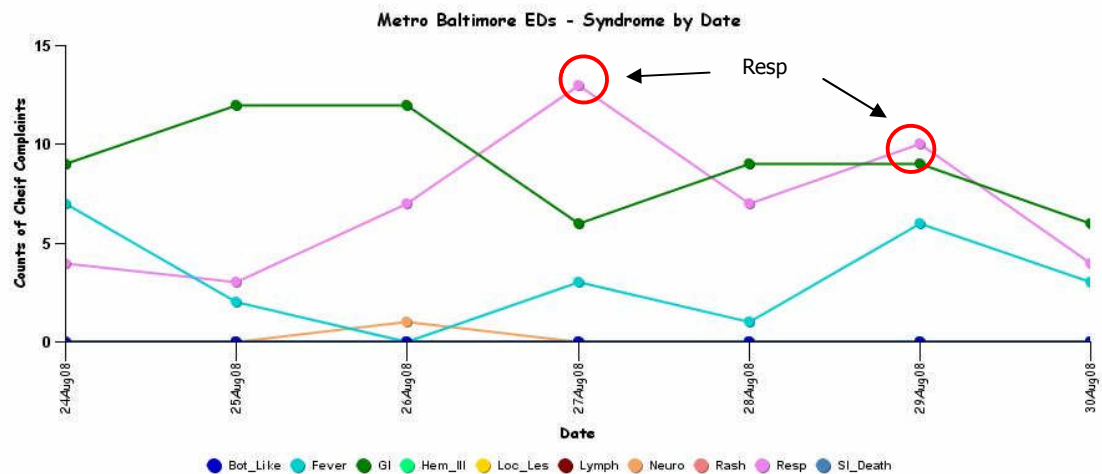
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

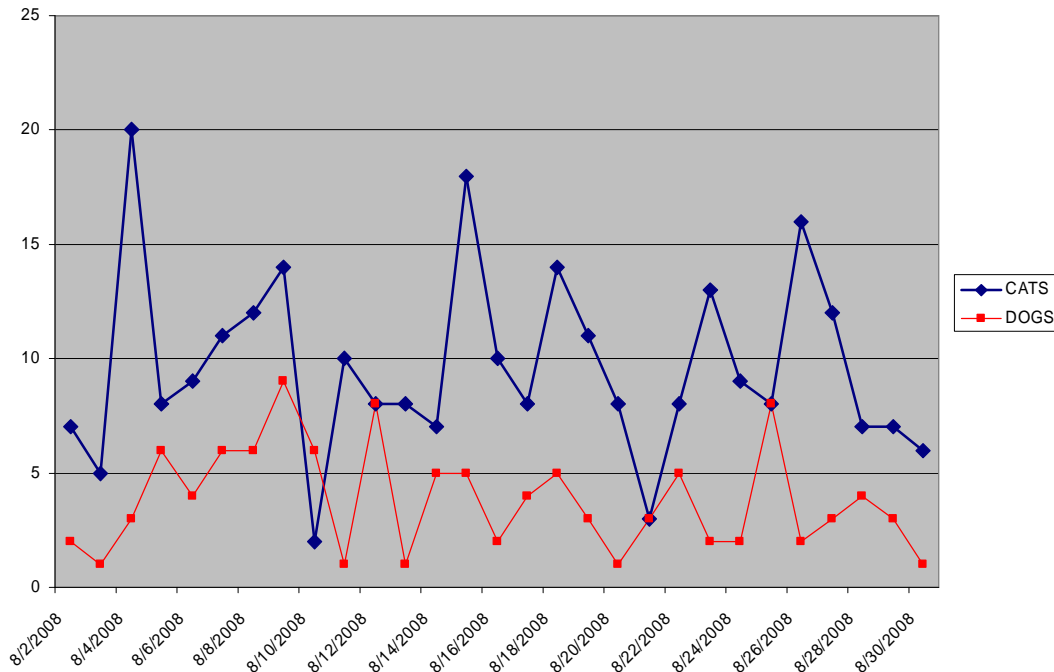


****NOTE: Not all data for Metro Baltimore hospitals was available for MMWR Week 35, due to technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

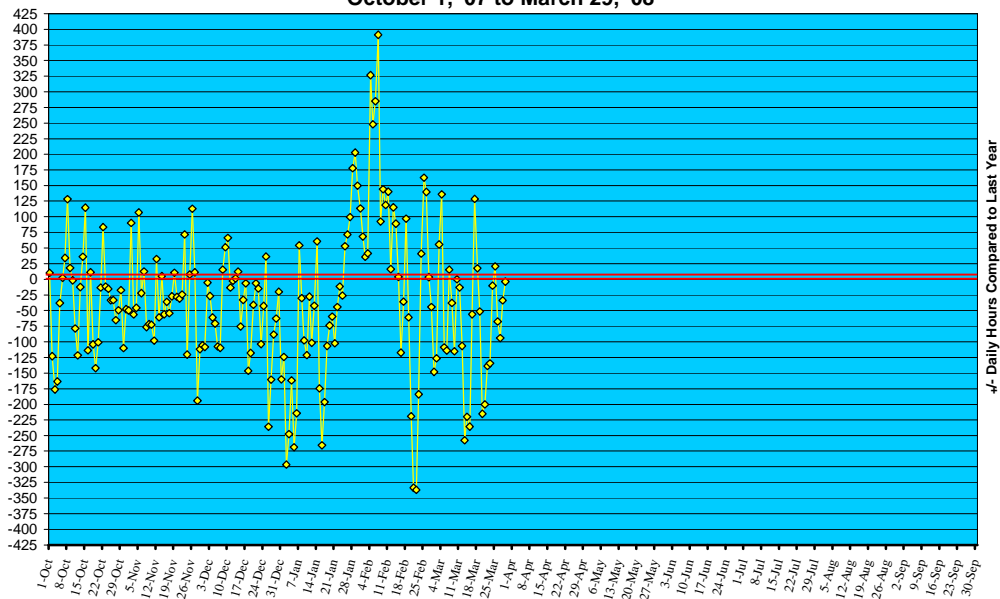


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Aug 24 – 30, 2008):	18	0
Prior week (Aug 17 – 23, 2008):	18	0
Week#35, 2007 (Aug 26 - Sept 3, 2007):	23	0

2 outbreaks were reported to DHMH during MMWR Week 35 (August 24-August 30, 2008):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a School

1 Respiratory Illness outbreak

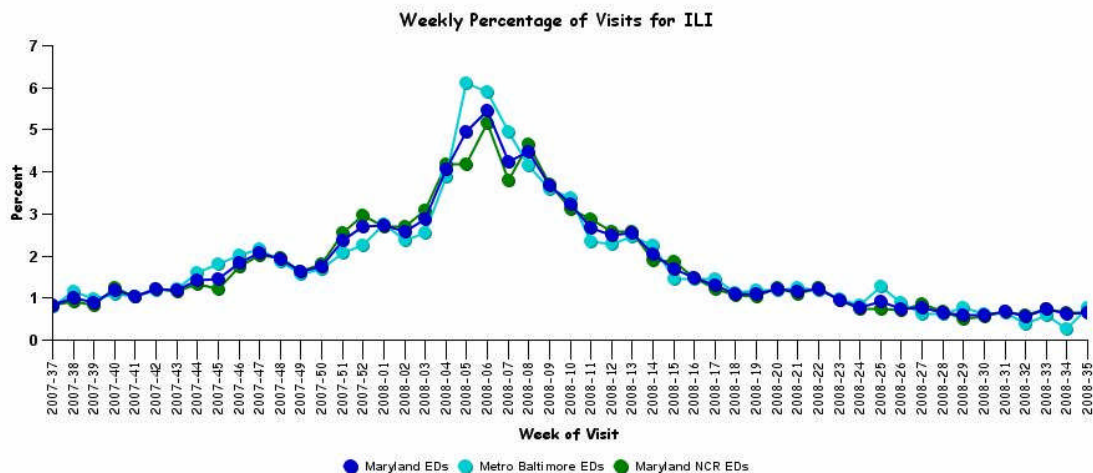
1 outbreak of PNEUMONIA associated with a Nursing Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (INDONESIA): A total of 5 bird flu suspects were detected, and one of them was confirmed positively infected with the type-A avian influenza virus, in Malang district, East Java, in the January-August period of 2008, a local health official said. The bird flu infected patient was aged 47, a resident of Bululawang, Malang Health Service chief, Wahyu Agus Arifin, said here on Saturday, 30 Aug 2008. Malang health authorities had recorded 10 bird flu related cases and 13 happenings in August 2008 when a number of poultry had died. "Most of the areas infected by the bird flu virus were poultry farms where the environment was not clean," Endy Kuasaery, head of the Malang Animal Husbandry Service, said. A total of 1189 poultry died during the period January-August 2008, he said. Most of the bird flu cases occurred in 9 sub-districts, namely Pagak, Wonosari, Tumpang, Sumberpucung, Kepanjen, Pakis, Bululawang, Gondanglegi, and Pagelaran.

NATIONAL DISEASE REPORTS:

PLAGUE, BUBONIC (CONNECTICUT ex WYOMING): An 18 year old boy scout from Connecticut is recovering at home after becoming infected with bubonic plague, possibly in Wyoming. The teenager was among hundreds of scouts who built trails and did other service work late in July 2008. The Wyoming Department of Health is trying to determine how he became infected. The teenager traveled to multiple sites in the area, including Yellowstone National Park. Where the teen contracted the disease is not known. Infection usually comes after being bitten by a rodent flea that is carrying the plague bacterium or handling an infected animal. Each year, 10 to 20 cases occur in the United States according to the US Centers for Disease Control and Prevention (CDC). About one in 7 cases in the USA is fatal. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

TULAREMIA, HUMAN, FELINE (NEVADA): Smith Valley has the 1st case in Nevada of tularemia transmitted from a cat to a human in 50 years. A woman took her sick cat to the vet; it was misdiagnosed with kidney problems and sent home with medication. The woman gave the pet its pills using her finger to force them down its throat; little did she know that a small cut on her finger would be the avenue for which tularemia would enter her body. The patient is now recovering after a harrowing month. The tularemia infected her finger, which became painful and inflamed, then she started running a high fever, she went to the emergency room on several separate occasions where she was given antibiotics, which seemed to calm the symptoms for several days and then the whole thing would flare up again. Her sick cat had died weeks before. The woman's neighbor in Smith Valley is a physician who came by her house, took one look at her finger, and told her things did not look well. She went to his office where he opened up her finger, cleaned out the infection, and sent a culture to the lab. It was at this point that the tularemia was pinpointed and a correct course of treatment started. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

ANTHRAX, HUMAN, EQUINE (RUSSIA): Quarantine has been declared in a village in the Russian Republic of Bashkortostan (RB) in the south west Urals after several humans were infected with anthrax, a spokesman for the consumer rights regulator said on Friday, 29 Aug 2008. Rospotrebnadzor said the measures were announced after 10 residents of the village, Ural, located in the Yanaulsky district, were hospitalized on Wednesday, 27 Aug 2008. The spokesman said the residents fell ill after eating meat from an infected horse that had been killed 2 weeks earlier without any veterinary tests. The meat has been destroyed, and specialists are looking into how the horse became infected. Livestock has been banned from entering or leaving the village, and all local meat retail has been suspended. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE KEDOUGOU, INFANT FORMULA (SPAIN): On 5 Aug 2008, the National Reference Laboratory of Salmonella (NRLS) noted an increase in the number of isolates of _Salmonella enterica_ serotype

Kedougou. As of 22 Aug 2008, 29 isolates have been reported during 2008, which is 10 times more than the average number of isolates identified by the NRLS during 2002-2007. All isolates have a typical, indistinguishable pulse field pattern and are fully sensitive to the standard suite of antimicrobials. Of the 29 patients with *S.* Kedougou, 12 were male; 23 patients were younger than one year while the remaining 6 were aged between 7 and 76 years. From the available information we know that one of the adult patients is the father of an infant infected with *S.* Kedougou. In the context of this outbreak we defined a case as an infant younger than one year old with clinical symptoms compatible with a salmonella infection and an isolate of *S.* Kedougou from stools, blood, or urine, since 1 Jan 2008. As of 22 Aug 2008, 23 cases fulfilling the case definition were identified with the onset of symptoms between 4 Feb 2008 and 28 Jul 2008. To date, 19 of these cases have been investigated. The children live in 7 different regions throughout Spain. The parents of all 19 infants reported feeding them with powdered formula milk of the same brand in the week before onset of symptoms. The main symptoms were diarrhea (100 per cent), fever (32 per cent), nausea (21 per cent), and vomiting (21 per cent). Six cases were hospitalized. A matched case control study was carried out by the Surveillance National Network, and included 10 cases and 36 controls. The study showed that illness was significantly associated with the consumption of a particular brand of formula milk for infants (chi-square=26.03; df=1; P less than 0.0001). These preliminary results strongly suggest that the infant formula milk was the source of the outbreak. On 26 Mar 2008, based on the preliminary results of the epidemiological investigation, and as a precautionary measure, the Spanish food safety authorities recalled 5 batches of formula milk produced under the incriminated brand. These batches had only been distributed in Spain. An urgent inquiry was posted through the European Centre for Disease Prevention and Control (ECDC) to the European Network of Food and Waterborne Diseases (former ENTER-net) on 7 Aug 2008. From the responses received until 22 Aug 2008 it seems that no country had detected an increase in *S.* Kedougou isolates. Although the infant formula milk has only been distributed in Spain, an alert to the Rapid Alert System for Food and Feed (RASFF) was sent on 27 Aug 2008 by the Spanish Food Safety Agency. *S.* Kedougou is one of approximately 2000 *Salmonella* serotypes that can cause illness in humans but it is rarely reported in Spain. (Food Safety Threat is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (AFGHANISTAN): An outbreak of a rare disease that causes its victims to bleed and can kill within 2 weeks has infected 3 people and killed 2 others in the western province of Herat. The disease called Crimean-Congo hemorrhagic fever (CCHF) has never been recorded in Afghanistan, according to the World Health Organization's (WHO) website. Doctors in Herat warned that the disease, which is transmitted from animals to humans through ticks, will spread to other parts of the country unless preventative steps are taken immediately. Victims have a 30 per cent chance of dying within the second week of the disease once infected, WHO says. Sudden fever, aching muscles, dizziness, neck pain, backache, headache, sore eyes, and photophobia (sensitivity to light) are early symptoms of CCHF. These are followed by a fast heart rate, a rash that causes the skin to bleed, bleeding from the upper bowel, blood in the urine, nosebleeds, and gum bleeding. Head of the regional hospital in Herat said nine potential victims of the disease had come into hospital for treatment, but only 5 of them had tested positive for CCHF so far. Two of the 5 infected with the disease have died. Infection can be prevented by using repellents on the skin and clothing and by wearing gloves or other protective clothing to prevent skin contact with infected tissue or blood. Doctors in Herat sent blood samples to the UN's medical centre in Egypt to find out if the patients had the disease - 5 tested positive. The results of 4 other potential victims are still pending. Butchers, shepherds, and others who have daily contact with animals are more likely to be infected with the disease. The disease is endemic in many countries in Africa, Europe, and Asia. The disease was first described in the Crimea in 1944. (Viral hemorrhagic fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (SINGAPORE): The Ministry of Health (MOH) said the index cases are a 25-year-old Bangladeshi and a 41-year-old Singaporean. They were working in the vicinity of the Lim Chu Kang Agro Technology Park, located at Lim Chu Kang Lane 2. As part of active case detection, 30 workers were screened and 3 more workers were found to be positive for chikungunya virus. They are a 23-year-old Malaysian, a 21-year-old Chinese national, and a 31-year-old Myanmar national. The Health Ministry said the total number of cases linked to Lim Chu Kang now stands at 5. Investigations are continuing. Separately, one new case was identified at the Pasir Panjang Wholesale Centre, 2 at Kranji Way, 3 at Sungei Kadut, and one each at Yishun and Tuas. To date, a total of 150 cases of chikungunya fever have been notified to MOH this year (2008). The MOH has advised persons who develop symptoms of chikungunya to consult their doctors immediately. These include fever, joint pain, and rashes. Chikungunya fever, like dengue fever, is a mosquito-borne disease. Persons infected with chikungunya fever should be isolated from further mosquito bites so as to reduce the risk of further transmission of the virus. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (CANADA): An anthrax outbreak among plains bison at Prince Albert National Park forced the closure of 2 trails Monday, 25 Aug 2008. The Canadian Food Inspection Agency confirmed 4 cases of anthrax among 13 carcasses found in the remote southwest corner of the park, about 40 kilometres from the Waskesiu townsite. The bison were part of a free-roaming herd, which is now being monitored by Parks Canada. "There is no threat to any of the visitors that are using the park," said Norm Stolle, resource conservation supervisor with Parks Canada. Anthrax in wildlife is a naturally occurring disease, often breaking out when the right weather conditions align. "What you need is basically a flooding period with a drying period and hot weather with high humidity," said Stolle. "If you meet all those characteristics, there's a chance it might happen." The West Side Trail and Amyot Lake Loop were closed because of the potential for human-wildlife conflict as predators are drawn to an area flush with buffalo carcasses, Stolle explained. "It's like a dog. You take its food-bowl and what does it do? It gets angry." As the authorities learned of the outbreak, they searched the park by helicopter and on ground patrols for infected carcasses. Parks Canada wants to remind the public to

not touch any dead animal they come across in the park. Anthrax was confirmed as the cause of death of 7 bison in a Paddockwood herd last month, July 2008. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents)
*Non-suspect case

National Preparedness Month (NPM):

September is the NPM, which is sponsored by the U.S. Department of Homeland Security's (DHS) *Ready Campaign*. NPM is held each September and is designed to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and communities.

September 2008 is the fifth annual NPM. The month will focus on important preparedness steps including:

- **Get an Emergency Supply Kit**
- **Make a Family Emergency Plan**
- **Be Informed**
- **Get Involved**

Emergency Supply List

Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from www.ready.gov
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper "When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

Please visit <http://www.ready.gov/> for more information.

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Investigation of Outbreak of Infections Caused by *Salmonella Saintpaul*

Updated information on the recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5734a1.htm>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: HBrown@dhmh.state.md.us

Sadia Aslam, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: SASlam@dhmh.state.md.us